

**FAX**

Date 10/9/03

Number of pages including cover sheet 8

**TO:** Commissioner for Patents  
Alexandria, VA  
**RE:** U.S. Application No.  
09/473,662 filed 12/29/99

**Phone**  
**Fax Phone** 703-305-7687

**FROM:** Diane F. CovelloRECEIVED  
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**REMARKS:** ☐ Urgent ☐ For your review ☐ Reply ASAP ☐ Please Comment

See attached Supplemental Response.

PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	09/473,662	
	Filing Date	12-29-99	
	First Named Inventor	Rosen, William	
	Art Unit	3625	
	Examiner Name	Rosen	
Total Number of Pages in This Submission	7	Attorney Docket Number	Rosen-01-C1

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <i>No fee required</i> <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Diane F. Covello Reg. # 34,164
Signature	<i>Diane F. Covello</i>
Date	12-1-03

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below			
Typed or printed name	Diane F. Covello		
Signature	<i>Diane F. Covello</i>	Date	12-1-03

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PHONE NO. : 8602330872

Dec. 01 2003 01:11PM P3

15/E  
PJS  
12/4/03  
Risen-01-C1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re patent application of William Risen et al.

Serial No. 09/473,662

Examiner: Rosen, N.

Filing Date: 12/29/99

Group Art Unit: 3625

For: Method of Protecting Against a Change in Value of Intellectual Property, and  
Product Providing Such Protection

Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

BOX Non-Fee Amendment

Sir:

SUPPLEMENTAL RESPONSE

In response to Paper No. 14, "Notice of Non-Compliant Amendment", please  
substitute the attached Appendix 1 in place of the original Appendix 1 included with the  
Amendment filed on October 9, 2003. The attached Appendix 1 lists all of the claims,  
including the canceled claims.

Respectfully submitted,

William M. Risen, et al.

By Diane F. Covello

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Date: December 1, 2003

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